



# PURCHASE ORDER CHANGE REQUEST

(TO MODIFY EXISTING PURCHASE ORDER)

EMAIL to Procurement Services at [PurchaseReq@hofstra.edu](mailto:PurchaseReq@hofstra.edu)

OR

FAX to Procurement Services at 516-463-4605

60953.5/15

Purchase Order Change Request Date: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Requestor Name \_\_\_\_\_

Department \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

Change     Close Balance

Current Amount on Purchase Order: \$ \_\_\_\_\_

Increase Amount: \$ \_\_\_\_\_

(or)

Decrease Amount \$ \_\_\_\_\_

New Amount on Purchase Order: \$ \_\_\_\_\_

**Reason for Change (This section must be completed, please be specific and attach any supporting documents):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Departmental Authorization:

Budget Year \_\_\_\_\_

Requestor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approver Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Procurement Services Use Only:

Approver \_\_\_\_\_ Date \_\_\_\_\_ Purchase Order Number \_\_\_\_\_